

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029725

Entity Name: MINOD, LLC

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

1008 S.W. 56TH ST.
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 60205
C/O JOHN WICKER, PA
FORT MYERS, FL 33906

New Mailing Address:

C/O JOHN WICKER, PA
P.O. DRAWER 60205
FORT MYERS, FL 33906

FEI Number: 27-0065253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M PA
12670 NEW BRITTANY BLVD
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD
SUITE 101
FORT MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN M. WICKER

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'DAY, JIM
Address: 1008 S.W. 56TH ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Delete
Name: O'DAY, DIANNE N
Address: 1008 S.W. 56TH ST.
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'DAY, DIANNE N
Address: 1008 S.W. 56TH ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DIANNE N. O'DAY

MGRM

02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date